



DEC-02-2005 FRI 02:34 PM ST JUDE MEDICAL CRMD

FAX NO. 4087380285

P. 02/02

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STEVEN M MITCHELL
PACESETTER INC
701 EAST EVELYN AVENUE
SUNNYVALE, CA 94086

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Esther L. Campbell

(Depositor's name)

Esther Campbell

(Signature)

12-2-05

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/092,666	03/05/2002	Casey O'Hara	VT0309-US1	3831

TITLE OF INVENTION: IMPLANTABLE MEDICAL DEVICE HAVING A PROTECTED CONNECTION HEADER

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$0	\$1400	12/23/2005
EXAMINER		ART UNIT	CLASS-SUBCLASS		
SCHAETZLE, KENNEDY		3762	607-036000		

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

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1 Steven M. Mitchell

2

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3. ASSIGNER NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Pacesetter, Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Sunnyvale, CA

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

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☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Steven M. Mitchell

Typed or printed name

Date

12/2/05

Registration No.

31,857

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**ST. JUDE MEDICAL**

Cardiac Rhythm Management Division
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FACSIMILE COVER SHEET

Deliver to: USPTO Date: December 2, 2005
 Mailstop Issue Fee Fax No.: 571-273-8300-2885
 Application No.: 10/092,666 Filing Date: March 5, 2002
 Docket No.: VT0309-US1
 From: Esther Campbell No. of pgs including cover sheet: 2
 (408) 522-6181

Enclosed are the following documents:

<input type="checkbox"/> Amendment: Response (___ pgs)	<input checked="" type="checkbox"/> Issue Fee Transmittal
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<input type="checkbox"/> Appeal Brief (in triplicate) (___ pgs)	<input type="checkbox"/> Petition for:
<input type="checkbox"/> Application: (___ pgs w/ cover & abstract	<input type="checkbox"/> Request for Continued Examination (RCE)
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<input type="checkbox"/> Declaration & POA (___ pgs)	<input type="checkbox"/> Request to Rescind Previous
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12-2-05
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